

**Household Moving Allowance
State of South Dakota**

RECEIVED

APR 21 2018

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

S.D. SEC. OF STATE

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Andrew Behrens

Name of Applicant

\$50,000.00

Yearly Salary

Montevideo, MN

City, State Moving From

00900

Bureau of Human Resources Class Code

Instructor of Information Systems

New Position Title

Madison, SD

New Post of Duty (City)

08/22/2018

Employment Date with the State

Dakota State University

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.


Signature of Applicant

04/26/2018
Date

Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.


Name of Authorized Agent


Signature of Authorized Agent Date

VP Business & Admin
Position/ Title of Authorized Agent

Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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Application

Debra Gay Anderson

Name of Applicant

Associate Dean for Research SDSU

New Position Title

Agency Employed By

139,000

Yearly Salary

Lexington KY

City, State Moving From

Brookings

New Post of Duty (City)

6/2018 and 6/2019

Expected Month/Year of Move

00240

Bureau of Human Resources Class Code

May 1 2018

Employment Date with the State

I will move in 2 phases due to spouse not relocating until 2019.

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Debra Gay Anderson

Signature of Applicant

3/7/18

Date

Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Nancy Fahrenwald

Name of Authorized Agent

Dean, College of Nursing

Position/ Title of Authorized Agent

Nancy Fahrenwald

Signature of Authorized Agent

Date

3/14/18

South Dakota State Univ.

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

Household Moving Allowance State of South Dakota

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State Board of Finance
Office of Secretary of State
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Pierre SD 57501 Phone: 605-773-3537

Please check one:

☐

State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☒

Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

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Application

Robert Lonsinger

Assistant Professor

South Dakota State
University

Name of Applicant

New Position Title

Agency Employed By

\$70,000

Stevens Point, WI 54482

Brookings, SD

June 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

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Signature of Applicant

3-21-2018
Date

Authorization

☒ The undersigned agent hereby certifies that the above agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. The Agent further declares that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Michele Dubash

Name of Authorized Agent

Department Head

Position/ Title of Authorized Agent

 3.21.2018

Signature of Authorized Agent

Date

Natural Resource Management, SDSU

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

Household Moving Allowance State of South Dakota

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State Board of Finance
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Please check one:

- ☐ State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
☒ Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of moving expenses.

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Application

<u>Melinda MTinkle</u> Name of Applicant	<u>Assoc Dean</u> New Position Title	<u>SDSU</u> Agency Employed By
<u>142,000</u> Yearly Salary	<u>Albuquerque, NM</u> City/State Moving From	<u>Brookings, SD</u> New Post of Duty (City)
<u>00 240</u> Bureau of Human Resources Class Code	<u>May 2018</u> Expected Month/Year of Move	<u>July 1, 2018</u> Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

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I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Melinda MTinkle
Signature of Applicant

March 5, 2018
Date

Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Nancy Fahrnerwall
Name of Authorized Agent
Nancy Fahrnerwall
Signature of Authorized Agent Date

Dean College of Nursing
Position/ Title of Authorized Agent
South Dakota State University
Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

**Household Moving Allowance
State of South Dakota**

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APR 23 2018

S.D. SEC. OF STATE

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Application

Susan Strobel

Name of Applicant

Assist. Professor

New Position Title

USD

Agency Employed By

\$74,825.00

Yearly Salary

Edina, MN

City, State Moving From

Vermillion

New Post of Duty (City)

08/2018

Expected Month/Year of Move

00800

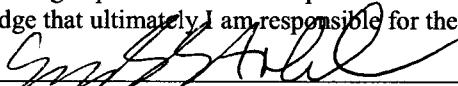
Bureau of Human Resources Class Code

08/22/2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses. The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.


Signature of Applicant

03/30/2018
Date

Authorization

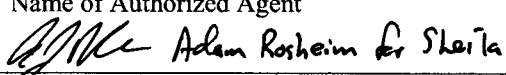
☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Sheila Gestring

Name of Authorized Agent

Vice President, Finance

Position/ Title of Authorized Agent

 Adam Rosheim for Sheila 4-20-18
Signature of Authorized Agent Date

The University of South Dakota
Agency of Authorized Agent

Approval by State Board of Finance

Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

RECEIVED

APR 19 2018

S.D. SEC. OF STATE

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2**When Application and Authorization sections are completed, please submit the original to:**

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 3/31/2018 Agency: SD GF + P
Agency Address: 523 E. Capitol Ave Pierre, SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Kendyll Jones
Total Amount of Reimbursement: \$ 424.10
Date(s) of Expense: 03/ /18 - 03/31/18
Event Leave Time: 4:00 PM Event Return Time: ~~00:00~~ 11:30 PM
Explanation of official business performed: attend required law enforcement
training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kendyll Jones
Signature of Employee

4/4/18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

4/18/18
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

STATE OF SOUTH DAKOTA
TRAVEL PAYMENT DETAIL

NAME Kendyll Jones

ORGANIZATION

Game Fish and Parks

ADDRESS _____

BUDGET ENTITY _____

Invoice ID		Date	Employee No		Return Date		Adv	Exp	License No.	Home Station	
Z068RB02		3/6/2018	154101		3/31/2018		N		36E591	Pierre	
Dates Mo/Day	Description of Travel, Destination Misc Expense, DOT Coding	Time		Auto Miles	Trans. Cost	Overnight Meals	Non-Over- Ngt Meals	Lodging	Miscellaneous Expense		
		Leave	Return								
3-4	Harrold to Ft Pierre Pre-Academy	4:00PM		35	\$14.70		\$15.00				
3-5	Pierre-Pre-Academy						\$32.00				
3-6	Pierre-Pre-Academy						\$32.00				
3-7	Pierre-Pre-Academy						\$32.00				
3-8	Pierre-Pre-Academy						\$32.00				
3-9	Pierre-Pre-Academy		1:00PM	35	\$14.70		\$17.00				
3-11	Harrold to Pierre LET Academy	4:00PM		35	\$14.70		\$ 15.00				
3-12	Pierre-LET Academy										
3-13	Pierre-LET Academy										
3-14	Pierre-LET Academy										
3-15	Pierre-LET Academy										
3-16	Pierre-LET Academy						\$15.00				
3-17	Pierre-LET Academy						\$32.00				
3-18	Pierre-LET Academy						\$32.00				
3-19	Pierre-LET Academy										
3-20	Pierre-LET Academy										
3-21	Pierre-LET Academy										
3-22	Pierre-LET Academy										
3-23	Pierre-LET Academy						\$15.00				
3-24	Pierre-LET Academy						\$32.00				
3-25	Pierre-LET Academy						\$32.00				
3-26	Pierre-LET Academy										
3-27	Pierre-LET Academy										
3-28	Pierre-LET Academy										
3-29	Pierre-LET Academy										
3-30	Pierre-LET Academy						\$15.00				
3-31	Pierre-LET Academy		11:30PM				\$32.00				
						</					

PURPOSE OF TRAVEL LET Academy

GRAND TOTAL	\$424.10
APPLY TO ADVANCE	
AMOUNT	
REIMBURSABLE	\$424.10

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my Knowledge and belief, is in all things true and correct.

Kendyll Jones
Claimant

4/15/18
Date

John Jones
Authorization

4/17/18
Date

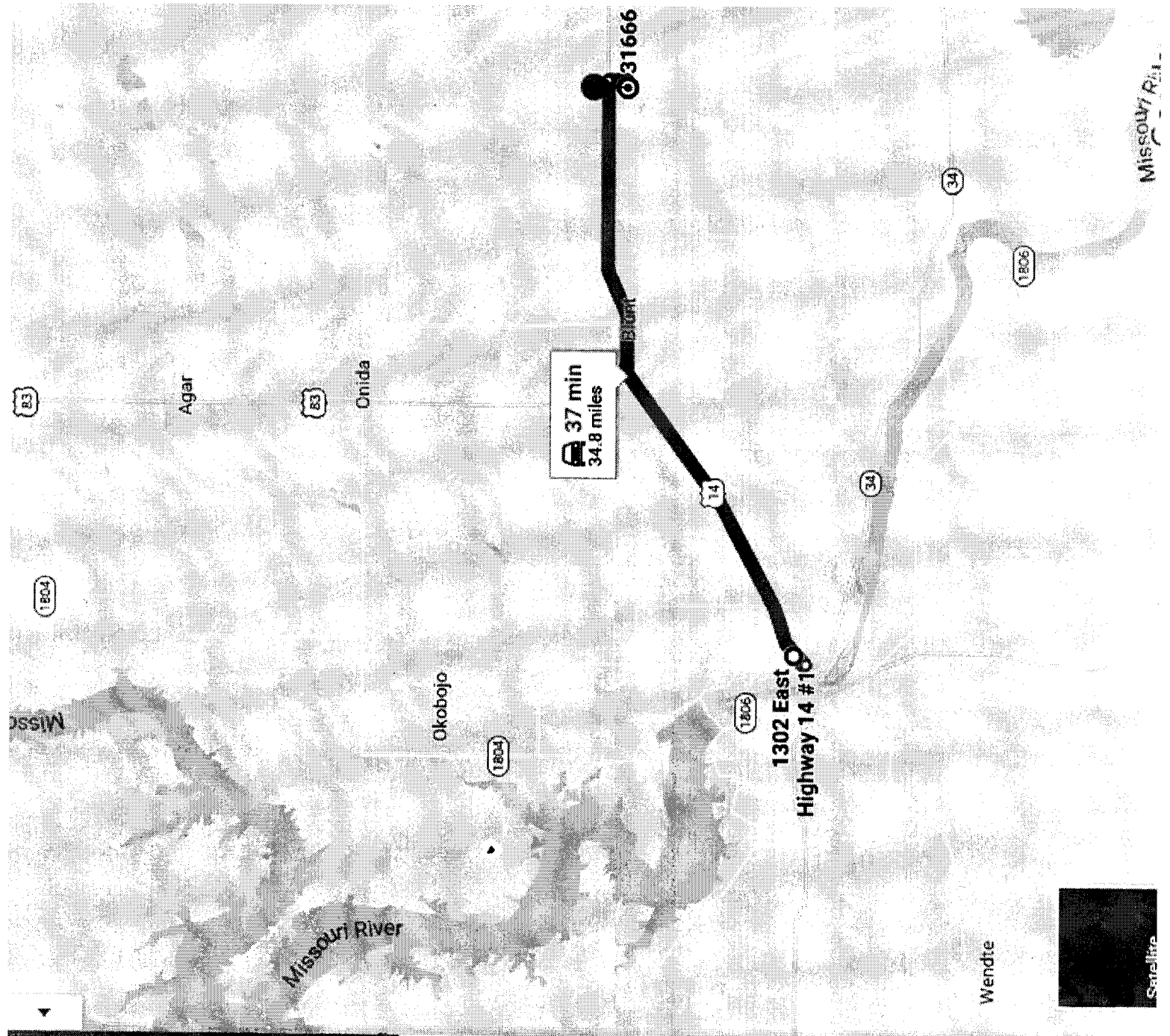
Authorization

Date

East Highway 14 #1, Pierre, SD 57501
 198th St, Harrold, SD 57536

Now

Options



RECEIVED

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2 APR 19 2018When Application and Authorization sections are completed, please submit the original to: **SD SEC. OF STATE**

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Phone: 605-773-3537

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Application

Date: 04-04-2018 Agency: SD GFP
Agency Address: 523 E Capitol Ave Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Daniel Dirks
Total Amount of Reimbursement: \$629.40
Date(s) of Expense: 03/04/2018 through 03/31/2018
Event Leave Time: 1:00 PM Event Return Time: 8:00 PM
Explanation of official business performed: Attend required law enforcement training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee

Date

04-04-2018**Authorization**

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Date 4/10/18

Game Fish and Parks

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/10/2018 08:45:40
REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z068RB01 DATE: 03/31/2018 MODEL: _____
EMP SHORT NAME : DIRKSDANIEL _____ DIRKS, DANIEL CURR: _____
EMPLOYEE NUMBER: _____ 161443 _____ AKRON CM/DM : I
TRAVEL BEG DATE: _____ 03/04/2018 _____ APPROVAL NBR: _____ MULTI PYMT: N
TERMS CODE: _____ PYMT DUE DATE: 04/10/2018 DO NOT USE : _____
REMIT MSG: _____ TRAVEL FROM 03/04-03/31/2018 _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
0001	239.40	001	3122	52031000	0610520		
					NNNN		
0002	380.00	001	3122	52031500	0610520		
					NNNN		
0003	10.00	001	3122	52040300	0610520		
					NNNN		
0004							

: _____ : _____
: _____ GROSS AMOUNT: _____ 629.40 _

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

04/10/2018

Authorization

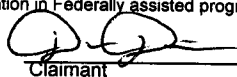
Date

STATE OF SOUTH DAKOTA TRAVEL PAYMENT DETAIL

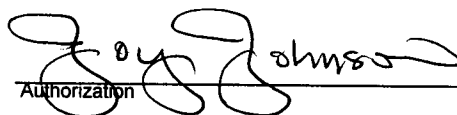
Name: Daniel Dirks		Employee #		Fed Code	State Code	Expense	License #	Mileage	Home Station		
		161443			AD=ADMIN. LE=LAW WL=WILDLIFE HB=HABITAT FS=FISHERIES	X	IA 975 YZX	Claim if Personal Vehicle Was Used		Pierre	
Date Mo. Day	DESCRIPTION OF TRAVEL DESTINATION Miles, Misc. Expense, etc.	Time		Proj Code	State Code	Day Trip Meals	Overnight Meals	Miles	Amount Claimed	Lodging	Misc. Expense
		Leave	Return								
03/04/2018	Brookings to Ft. Pierre Pre-Academy	1:30 PM		ST	LE		\$15.00	190.00	\$79.80		
03/05/2018	Pre-Academy			ST	LE		\$32.00				
03/06/2018	Pre-Academy			ST	LE		\$32.00				
03/07/2018	Pre-Academy			ST	LE		\$32.00				
03/08/2018	Pre-Academy			ST	LE		\$32.00				
03/09/2018	Pre-Academy to Brookings		5:00 PM	ST	LE		\$17.00	190.00	\$79.80		
03/11/2018	Brookings to LET - Academy	1:00PM		ST	LE		\$15.00	190.00	\$79.80		
03/12/2018	Pierre-LET Academy										
03/13/2018	Pierre-LET Academy										
03/14/2018	Pierre-LET Academy										
03/15/2018	Pierre-LET Academy										
03/16/2018	Pierre-LET Academy			ST	LE		\$15.00				
03/17/2018	Pierre-LET Academy			ST	LE		\$32.00				
03/18/2018	Pierre-LET Academy			ST	LE		\$32.00				
03/19/2018	Pierre-LET Academy										
03/20/2018	Pierre-LET Academy										
03/21/2018	Pierre-LET Academy										
03/22/2018	Pierre-LET Academy										
03/23/2018	Pierre-LET Academy			ST	LE		\$15.00				
03/24/2018	Pierre-LET Academy			ST	LE		\$32.00				
03/25/2018	Pierre-LET Academy			ST	LE		\$32.00				
03/26/2018	Pierre-LET Academy										
03/27/2018	Pierre-LET Academy										
03/28/2018	Pierre-LET Academy										
03/29/2018	Pierre-LET Academy										
03/30/2018	Pierre-LET Academy			ST	LE		\$15.00				
03/31/2018	Pierre-LET Academy		8:00 PM	ST	LE		\$32.00				
10/18/2017	Fingerprinting-Brookings County Sheriff			ST	LE						\$10.00
PURPOSE OF TRAVEL: Pre-Academy and LET Academy		Subtotals				Taxable	Non taxable				
						\$0.00	\$380.00	570.00	\$239.40	\$0.00	\$10.00
Grand Total						\$629.40					
Apply to Advance											
AMOUNT REIMBURSABLE						629.40					

Only Claiming

I claim has been examined by me, and to the best of my knowledge and comply with the provision of the Civil Rights Act of 1964 and regulations and discrimination in Federally assisted programs.


Claimant

04-04-2018
Date


Authorization

4/4/18
Date

Using Chrome

Updates built in

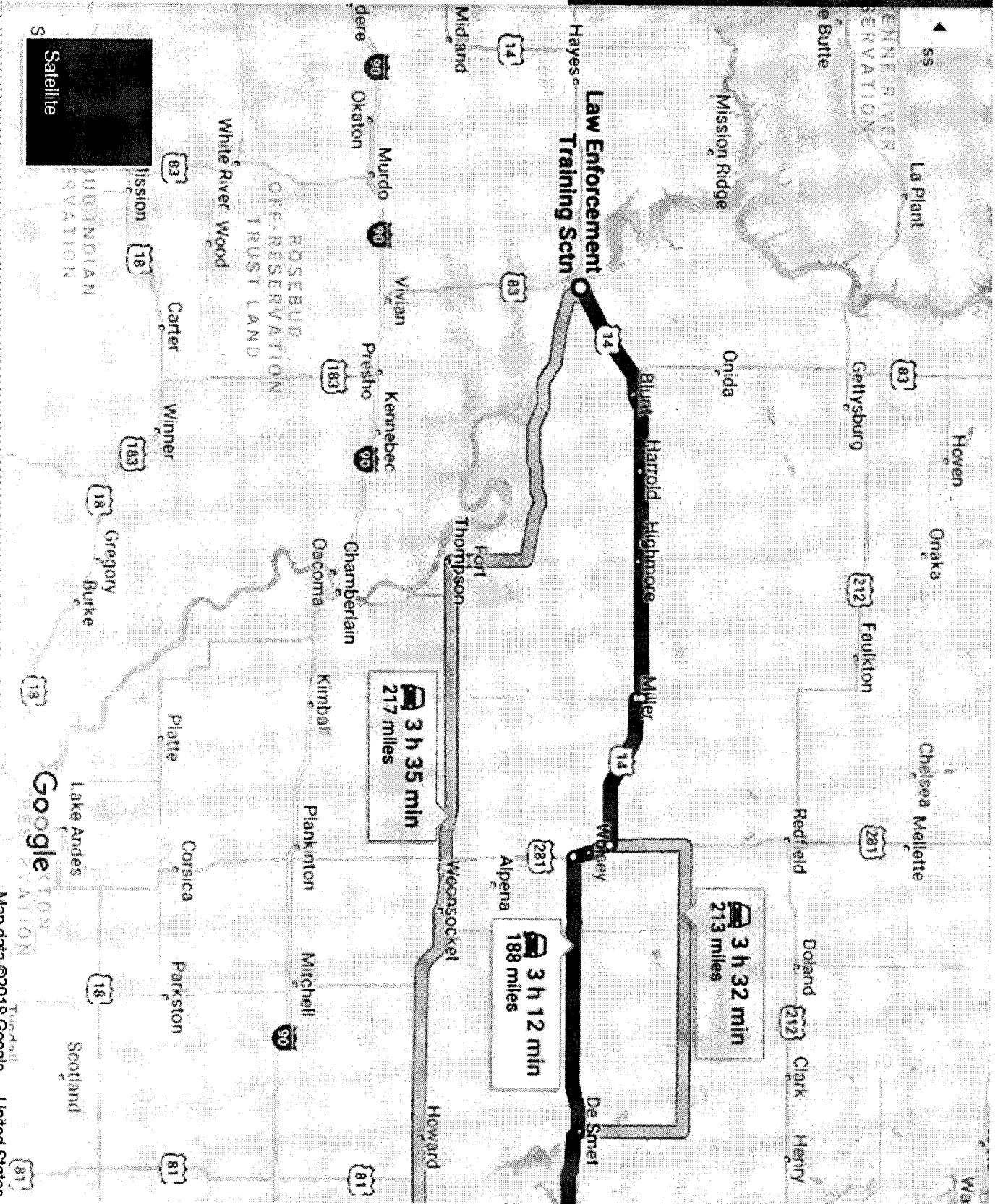
×

Scn, 1302

7006

↑

OPTIONS





DEPARTMENT OF GAME, FISH, AND PARKS

Foss Building
523 East Capitol
Pierre, South Dakota 57501-3182

Brookings County Sheriff
315 7th Ave
Brookings, SD 57006
(605)-696-8300



Receipt		Date/Time: 10/18/17 18:13	No. 1702246
Received From: DANIEL DIRKS		\$10.00	
Reason: Fingerprints	For: GFP JOB		
Account \$10.00	Cash X	By: Lenander	
Payment \$10.00	Check		
Bal. Due	Money Order		
	Credit Card		

Recipient Copy

RECEIVED

APR 19 2018

S.D. SEC. OF STATE

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Application

Date: 4/4/18 Agency: Game, Fish, & Parks
Agency Address: 523 E. Capitol Ave Pierre SD 57501
Agency Phone Number: 605-773-3387
Employee Requesting Reimbursement: Spencer Carstens
Total Amount of Reimbursement: 769.31
Date(s) of Expense: 3/4/18 thru 3/31/18
Event Leave Time: 1:00 pm Event Return Time: 8:00 pm
Explanation of official business performed: attend required law enforcement training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee

Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.



Office of the State Auditor
Steven J. Barnett, State Auditor
Jason Lutz, Deputy State Auditor

500 East Capitol Avenue, Pierre, SD 57501-5070
Telephone: (605) 773-3341 • Fax: (605) 773-5929
www.sdauditor.gov

Delayed Travel Reimbursement Request

Pursuant to the following Administrative Rule of South Dakota, a voucher received by the Office of the State Auditor after 60 days of the last day of a claimant's travel must be accompanied with this form. The below information must be completed and authorized by the agency official listed in the rule.

3:05:03:03.1. Voucher submission timing. A claim for travel expenses must be received by the state auditor within 60 days after the last day of travel. If this timeline is not met, written documentation on a form provided by the state auditor must be submitted by the claimant stating the reason for the delay in submitting the claim prior to determination by state auditor on allowance of the claim. The form must be signed by the head of a state agency, bureau, or any other unit or organization of state government; constitutional officer; or elected official of the office from which the claimant is seeking reimbursement. If the claimant is a department secretary or bureau commissioner, the form must be signed by the Governor.

General Authority: SDCL 4-9-1.1.

Law Implemented: SDCL 3-9-8, 4-9-1.1.

Claimant name: Spencer Carstens
Invoice number: 2068801
Reason for delay: training - Board of Finance Approval

Spencer Carstens
Claimant Signature

Date

K. R. Lutz
Agency Official Authorization

4/16/15
Date

Game Fish and Parks

Employee Reimbursement

Beth

AP

EMPLOYEE EXPENSE WORKSHEET 1

EWS-1T

NEXT FUNCTION: _____ ACTION: _____ 04/10/2018 08:37:53

REQUEST: _____

=====

EMP VOUCHER NBR: _____ Z068RB01 DATE: 03/31/2018 MODEL: _____

EMP SHORT NAME : CARSTENSSPENCER CARSTENS, SPENCER CURR: _____

EMPLOYEE NUMBER: _____ 159661 _____ FT PIERRE CM/DM : I

TRAVEL BEG DATE: _____ 03/04/2018 _____ APPROVAL NBR: _____ MULTI PYMT: N

TERMS CODE: _____ PYMT DUE DATE: 04/10/2018 DO NOT USE : _____

REMIT MSG: _____ TRAVEL FROM 03/04 TO 03/31/2018 _____

SIGNATURE APPR CD: _____

LINE	AMOUNT/PERCENT	EXP	CO	ACCOUNT	CENTER	PROJ-CO	NUMBER
0001	380.00	001	3122	52031500	0610520		
					NNNN		
0002	239.40	001	3122	52030300	0610520		
	570				NNNN		
0003	149.91	001	3122	52053700	0610520		
					NNNN		
0004							

: _____ : _____

: _____ GROSS AMOUNT: _____ 769.31

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date

Authorization

Date

04/10/2018

Authorization

Date

[illegible]

\$769.31
769.31

4/4/18

01 57006

OPTIONS





DEPARTMENT OF GAME, FISH, AND PARKS

Foss Building
523 East Capitol
Pierre, South Dakota 57501-3182



1701 9th Ave. S.E.
Watertown, SD 57201
605-886-5859

PROD ID	QTY	UM	PRICE	TOTAL
BOOT 8" PRONGHORN UNINSULATED 8.5D				
681050	1	EA	149.91	149.91 t
SUBTOTAL				149.91
Tax 149.91 @ 6.500% =				9.74
Tax				9.74
TOTAL				159.65
Visa				159.65

xxxxxxxxxxxx7537 (Approved)
CARSTENS/SPENCER A
Authorization #: 010335

03/10/18 13:07:18 028 55480456028
1 Runnings Valued Customer
INVOICE #: 4212089 MSID: RSIWS629
63B3448D-F7C3-415B-A222-5D125917FA8C
0003AV 2.93.6199 TILL ID: 08

Thanks for choosing Runnings!

If you've purchased an item eligible
for an E-Rebate, visit www.runnings.com.
Rebate must be submitted
30 days from date of purchase.
Text "Runnings" at 71441
for new sale & promo alerts.



Dowling, Kayla

From: Bray, Teresa
Sent: Wednesday, April 25, 2018 10:01 AM
To: Schiefen, David; Richardson, Brad (Vets Home)
Cc: Cummings, Keaton; Bray, Teresa; Dowling, Kayla
Subject: RE: Travel Reimbursement

RECEIVED
APR 25 2018
S.D. SEC. OF STATE

Thank you David. We will put this on the agenda.

Teresa

Teresa J. Bray

Deputy Secretary of State, General Services
Office of the Secretary of State
500 E. Capitol Ave., Suite 204, Pierre, SD 57501
(605) 773-5002
Email: Teresa.Bray@state.sd.us
Website: <http://sdsos.gov>

This E-mail (including any attachments) is covered by the Electronic Communications Privacy Act, 18 USC Sections 2510-2521, as confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you received the message in error, then delete it. Thank you.

From: Schiefen, David
Sent: Wednesday, April 25, 2018 8:48 AM
To: Richardson, Brad (Vets Home) <Brad.Richardson@state.sd.us>
Cc: Cummings, Keaton <Keaton.Cummings@state.sd.us>
Subject: Travel Reimbursement

Sir,

Keaton Cummings attended the SDAPTA (SD Physical Therapy Association) conference on April 7 & 8. The conference was held at the Lodge in Deadwood and they do not give state rates on weekends. The overnight stay cost \$111 plus tax (\$123 total) but the state reimbursement rate is \$55 + tax this time of year. I want to ask the Secretary of State's Office to approve reimbursing Keaton at his full cost of \$123. In order to do so you'll need to forward this email to Teresa.Bray@state.sd.us and request the State Board of Finance approve reimbursement over the state rates. Thanks for your consideration.

David Schiefen

BUSINESS MANAGER
MICHAEL J. FITZMAURICE SOUTH DAKOTA VETERANS HOME
OFFICE: 605-745-5127, EXT. 1500114
FAX: 605-745-5547

Dowling, Kayla

From: Schaefers, Amanda
Sent: Monday, May 7, 2018 3:28 PM
To: Dowling, Kayla
Subject: Rate Approval

RECEIVED
MAY 07 2018
S.D. SEC. OF STATE

Kayla,

At the beginning of April I called numerous hotels around Pierre so I could make reservations for two agents who would be attending EPICS training from April 24-April 27. When I called the Ramkota , I stated who I was and that I worked with the State of South Dakota Department of Corrections and that I was looking to see if they had any rooms available for state rate beginning April 24th through April 27th. Jake (was working the front desk when I called) informed me that they did have rooms available at state rate. So I went ahead and booked two rooms.

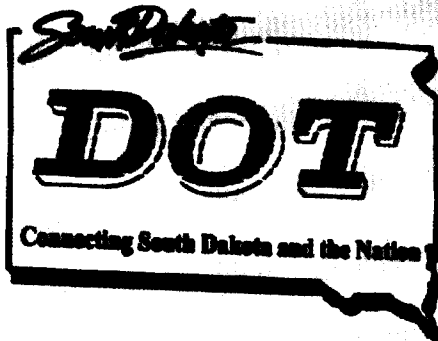
I have now been informed that the rooms were charged at Federal rate (\$93.00 a night) instead of State rate (\$55.00). I was instructed by Betty Smith to call and try to work out the misunderstanding with the hotel and when I called and spoke with Jake- he informed me that they did not have state rate rooms they only had federal rate rooms. When I began to discuss with him that that was not what I was told when I booked the rooms and that I never received an email conformation in regards to the rooms I was informed by Jake that he would not adjust the price and that it was my problem at this point. He also stated he had no way to prove that these rooms where for actual state employees and that our agents did not show proper state ID. When speaking with our agents both state that they were never asked for their state IDs upon check in. neither agent was given a receipt for their stay either.

I have contacted Dennis Keith with the State Auditors Office and he informed me that at this time there is nothing his office can do but to try to reach out to the Board of Finance, which is why I am writing this email. I am looking for approval (after the fact) to have these rooms covered.

Please let me know if there is anything else that is needed. I am available by email or phone 605-367-5780.

Thank you for your time. It is greatly appreciated.

Amanda Schaefers
Parole Services Senior Secretary
Sioux Falls 605-367-5780



Department of Transportation

Office of the Secretary

700 E Broadway Avenue
Pierre, South Dakota 57501-2586
PHONE: 605/773-3265
FAX: 605/773-3921

April 25, 2018

RECEIVED

MAY 02 2018

S.D. SEC. OF STATE

Board of Finance
Secretary of State of South Dakota
500 East Capitol
Pierre, SD 57501-5070

Please accept this letter as the Department's request for state reimbursement for Al Zenz on April 13, 2018 for \$50.53.

On April 13th, 2018 the Mitchell area was involved in a significant snowfall across the entire state due to significant snowfalls in many areas. The conditions across the state. Al Zenz, who resides in Mitchell, decided to leave his street from the DOT shop so he would be available for truck repairs. Mr. Zenz realized if he stayed at his house he would not be able to get needed that evening to make some repairs on a truck. On Saturday, clearing snow away from the fuel island and shop to get the truck ready for attendance at work that day was critical to the Department in about the reason that I am requesting he be reimbursed for the one hour.

If you have any questions, concerning this request, please contact me.

Sincerely,


Darin Bergquist
Secretary



MOTEL 6 - MITCHELL
Hotel ID : 4212

Address : MITCHELL, SD 57301, USA
Check In Time

Registration Card

Reservation

Confirmation Number 4212AAM895
Guest Name ALAN ZENS
Person 1 Adult - 0 Child
Pets No

Vehicle

Photo Id 00511595
Issue State SD
License Photo Number
License Issue State SD

Stay

Check In Date Apr 13, 2018
Check Out Date Apr 14, 2018
Rate Type 10PLUS
Room 50

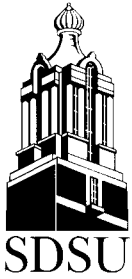
Charges & Payment

Rate Type 10PLUS
Total Charges \$199.00
Total Tax \$3.54
Payment \$50.53
Payment Type CREDIT CARD

Policy Text

Notice: This Motel 6 location is independently owned and operated under a Franchise Agreement. Management reserves the right to refuse service to anyone and will not be responsible for the loss of money, jewelry or valuables of any kind.

Handwritten signature



South Dakota
State University

Department of Finance and Business

Cashier's Office

Morrill Hall 136, Box 2201
South Dakota State University
Brookings, SD 57007-2598
Phone: 605-688-6116
Fax: 605-688-6944

May 3, 2018

State Board of Finance
Office of Secretary of State
500 East Capitol Ave
Pierre, SD 57501

Re: May's State Board of Finance meeting

Dear Shantel Krebs,

Here is a list of debt totaling \$99,910.72 to be written off from South Dakota State University. All of these student accounts are older than Fiscal Year 2012 and have been submitted to at least two collection agencies.

If you have any questions please call me at 605-688-5045 or by email at Leo.Gannon@sdstate.edu.

Sincerely,

Leo Gannon, Bursar
South Dakota State University
Cashier's Office Morrill Hall 136
Box 2201 SAD 136
Brookings, SD 57007

South Dakota School of
Mines and Technology
Debt Write Offs

11,906.20

1,668.40

40.00

60.00

50.00

50.00

50.00

51.25

51.25

22.40

50.00

351.92

200.00

50.00

447.21

15,048.63
